

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

LAMBERT FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 964



Check if different than previously reported. (ACC)

NASHUA

NH

03061

2. FEC IDENTIFICATION NUMBER ▼

C C00548917

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

08

D D / Y Y Y Y

21

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

15

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 28

Write or Type Committee Name

**LAMBERT FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12475.00	450013.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	12475.00	449213.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	197320.89	473534.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	22.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	197320.89	473511.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	75701.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	100000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 28

Write or Type Committee Name

**LAMBERT FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

11500.00

397724.25

**(ii) Unitemized.....**

975.00

45789.34

**(iii) TOTAL of contributions from individuals ▶**

12475.00

443513.59

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

6500.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

12475.00

450013.59

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

50000.00

100000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

50000.00

100000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

22.50

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

62475.00

550036.09

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 28

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	197320.89	473534.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	800.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	197320.89	474334.20

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	210547.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62475.00
25. SUBTOTAL (add Line 23 and Line 24).....	273022.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	197320.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	75701.89

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT BLAISDELL

A.

Mailing Address 32 WEBSTER STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARZEN GROUP LLC

Occupation

BUSINESS OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2014

Transaction ID : SA11AI.6345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

SARAH A BUCKLEY

B.

Mailing Address 4 TODDY BROOK RD.

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL TIMOTHY'S DINING GROUP

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.6327

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

BRIAN CONEENY

C.

Mailing Address 28 MACDONALD DRIVE

City

NASHUA

State

NE

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LPL FINANCIAL

Occupation

INVESTMENT ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.6344

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 6 OF 28  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>CARL F CROCKETT</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>08 / 29 / 2014</div> </div>	
Mailing Address 12 TAYLOR AVE			<b>Transaction ID : SA11AI.6329</b>	
City BROCKTON	State MA	Zip Code 02302	Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer SOUTH SHORE MEATS		Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>500.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>JOHN DAGIANIS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 03 / 2014</div> </div>	
Mailing Address 5 COLISEUM AVE.			<b>Transaction ID : SA11AI.6355</b>	
City HOLLIS	State NH	Zip Code 03063	Amount of Each Receipt this Period <div> <div></div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer NASHUA EYE ASSOCIATES PA		Occupation OPHTHALMOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>2000.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>Mr. JOSEPH P. FARO</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 3 GRAF ROAD SUITE 13			<b>Transaction ID : SA11AI.6330</b>	
City NEWBURYPORT	State MA	Zip Code 01950	Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer BEAN & BEAN LLC		Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>1000.00</div> </div>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<div> <div></div> <div>2000.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**UDO FRITSCH**

**A.**

Mailing Address 50 HAVERHILL ROAD

City

CHESTER

State

NH

Zip Code

03036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA ELECTRONIC

Occupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 25 2014

**Transaction ID : SA11AI.6354**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MARK GAGNON**

**B.**

Mailing Address 34 CHESTNUT DR

City

ALLENSTOWN

State

NH

Zip Code

03275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANITE STATE RETIREMENT

Occupation  
CERTIFIED FINANCIAL PLANNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2014

**Transaction ID : SA11AI.6339**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**GEOFFREY A GALLO**

**C.**

Mailing Address 3 MERLES LANE

City

STRATHAM

State

NH

Zip Code

03885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASTRAZENECA

Occupation  
LOBBYIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M / D D / Y Y Y Y  
09 03 2014

**Transaction ID : SA11AI.6337**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:

PAGE 8 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

BILL GURNEY

A.

Mailing Address 83 BROAD ST

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GURNEY'S AUTOMOTIVE

Occupation

OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period

500.00

WCG REALITY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

DODI GUYTON

B.

Mailing Address 4 S ROAD

City

RYE BEACH

State

NH

Zip Code

03871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.6341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOSEPH GUYTON

C.

Mailing Address 4 S ROAD

City

RYE BEACH

State

NH

Zip Code

03871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FINANCIAL

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.6351

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLES A HALL

Mailing Address 37 CHESTER ST.

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J. LAWRENCE HALL COMPANY

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		06		2014

Transaction ID : SA11AI.6332

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

RICHARD HINE

Mailing Address 81 KINGSTON CT W

City

CORONADO

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SA11AI.6305

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

HOLLIS MT4 PROPERTIES, LLC

Mailing Address 15 MILTON PLACE

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SA11AI.6359

Amount of Each Receipt this Period

2000.00

LLC INFORMATION REQUESTED

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 28  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>RICHARD LOWNEY</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>08 / 21 / 2014</div> </div>
Mailing Address <b>2 RIDGEWOOD DR</b>		<b>Transaction ID : SA11AI.6325</b>
City <b>AMHERST</b>	State <b>NH</b>	Zip Code <b>03031</b>
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>
Name of Employer <b>CLEARVIEW SOFTWARE INTERNATIONAL</b>	Occupation <b>PRESIDENT &amp; CEO</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>250.00</div>	

Full Name (Last, First, Middle Initial) <b>PETER H LYONS</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 09 / 2014</div> </div>
Mailing Address <b>171 TAYLOR STREET</b>		<b>Transaction ID : SA11AI.6334</b>
City <b>NASHUA</b>	State <b>NH</b>	Zip Code <b>03060</b>
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>100.00</div>
Name of Employer <b>NASHUA FOUNDRIES</b>	Occupation <b>PRESIDENT</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>350.00</div>	

Full Name (Last, First, Middle Initial) <b>ANTHONY MARTINEZ</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>08 / 29 / 2014</div> </div>
Mailing Address <b>4 LOJKO DR</b>		<b>Transaction ID : SA11AI.6317</b>
City <b>NASHUA</b>	State <b>NH</b>	Zip Code <b>03062</b>
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>100.00</div>
Name of Employer <b>Nashua Rotary</b>	Occupation <b>Membership Co-Chair</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>300.00</div>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div>450.00</div>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

THOMAS F MORAN

A.

Mailing Address 12 PIGEON HILL ROAD

City

BROOKLINE

State

NH

Zip Code

03033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROOKLINE AIRPORTOccupation  
MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. THOMAS J. MORIN

B.

Mailing Address 301 DEPOT RD

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORIN LANDSCAPINGOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2014

Transaction ID : SA11AI.6333

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ERIC NOONAN

C.

Mailing Address 942 SENECA RD

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYBERSHEATH SERVICES INTERNATIONALOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.6331

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

NORTH AMERICAN RIVERVIEW HOLDINGS LLC

A.

Mailing Address 195 WINCHESTER ST.

City

KEENE

State

NH

Zip Code

03431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period

250.00

PERMISSIBLE FUNDS: SEE MEMOS

Full Name (Last, First, Middle Initial)

CRAIG NORTON

B.

Mailing Address 33 CONSTITUTION DR.

City

HUDSON

State

NH

Zip Code

03051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PRINCETON TECHNOLOGY CORPORATION

CEO/PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.6349

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JANE E PROVINS

C.

Mailing Address 113 NORTH MASON RD

City

BROOKLINE

State

NH

Zip Code

03033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. ALAN RICKHEIT</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>08 / 29 / 2014</div> </div>	
Mailing Address 612 FULLAM HILL RD			<b>Transaction ID : SA11AI.6308</b>	
City FITZWILLIAM	State NH	Zip Code 03447	Amount of Each Receipt this Period <div> <div></div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer NORTHERN MACHINERY SALES		Occupation INDEPENDENT SALES AGENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>285.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>GERARD ROTH</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address 10 QUARRY ROAD			<b>Transaction ID : SA11AI.6338</b>	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period <div> <div></div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer GM ROTH DESIGN & REMODELING		Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>450.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>MR. RICHARD I STANLEY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>08 / 29 / 2014</div> </div>	
Mailing Address 9 HENRY CLAY DRIVE			<b>Transaction ID : SA11AI.6352</b>	
City MERRIMACK	State NH	Zip Code 03054	Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer STANLEY ELEVATOR CO		Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>1000.00</div> </div>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<div> <div></div> <div>800.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH C WALKER

A.

Mailing Address 195 WINCHESTER ST

City

KEENE

State

NH

Zip Code

03431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALIER CHEVROLETOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period

250.00

NORTH AMERICAN RIVERVIEW HOLDINGS, LLC

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

WCG REALITY

B.

Mailing Address 83 BROAD STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.6358

Amount of Each Receipt this Period

500.00

PERMISSIBLE FUNDS: SEE MEMOS

Full Name (Last, First, Middle Initial)

SUE YEATON

C.

Mailing Address 16 GILBOA LN

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

TIMOTHY YEATON

A.

Mailing Address 16 GILBOA LANE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK DUCK SOFTWARE

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.6353

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

11500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 28

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GARY LAMBERT</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	08		29		2014	
M M M	/	D D D	/	Y Y Y Y Y										
08		29		2014										
Mailing Address 32 COLUMBIA AVENUE		<b>Transaction ID : SA13A.6247</b>												
City NASHUA	State NH	Zip Code 03064	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>50000.00</td> </tr> </table>											50000.00
										50000.00				
FEC ID number of contributing federal political committee. <b>C</b> H4NH02233														
Name of Employer SELF-EMPLOYED		Occupation ATTORNEY												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>100000.00</td> </tr> </table>												100000.00
										100000.00				
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y						
M M M	/	D D D	/	Y Y Y Y Y										
Mailing Address														
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
FEC ID number of contributing federal political committee. <b>C</b>														
Name of Employer		Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y						
M M M	/	D D D	/	Y Y Y Y Y										
Mailing Address														
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
FEC ID number of contributing federal political committee. <b>C</b>														
Name of Employer		Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>50000.00</td> </tr> </table>												50000.00
										50000.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>50000.00</td> </tr> </table>												50000.00
										50000.00				



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

243.88
--------

Transaction ID : SB17.6252

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

816.69
--------

Transaction ID : SB17.6253

**c. American Viewpoint, Inc.**Mailing Address 300 North Lee Street  
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

Amount of Each Disbursement this Period

22400.00
----------

Transaction ID : SB17.6255

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23460.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CONNOR BROWN**

Mailing Address 39 GOLDEN COVE RD

City	State	Zip Code
CHELMSFORD	MA	01824

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6262

**B. BUDGET GAS**

Mailing Address 1883 ELM ST

City	State	Zip Code
MANCHESTER	NH	03104

Purpose of Disbursement  
9/22/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.6290

[MEMO ITEM]

**C. COMCAST**

Mailing Address 460 AMHERST ST

City	State	Zip Code
NASHUA	NH	03063

Purpose of Disbursement  
9/22/14 AMEX PAYMENT: BROADBAND SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

329.66
--------

Transaction ID : SB17.6292

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JOSHUA DAVIDSON**Mailing Address 1341 A ST. NE  
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 28 / 2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.6260

**B. DUNKIN DONUTS**

Mailing Address 109 DANIEL WEBSTER HWY

City NASHUA State NH Zip Code 03060

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

21.16
-------

Transaction ID : SB17.6278

[MEMO ITEM]

**C. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 28 / 2014

Amount of Each Disbursement this Period

408.70
--------

Transaction ID : SB17.6259

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2408.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: PLACED MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

Amount of Each Disbursement this Period

33.34
-------

Transaction ID : SB17.6280

**[MEMO ITEM]****B. HOME DEPOT**

Mailing Address 288 DANIEL WEBSTER HWY

City NASHUA State NH Zip Code 03060

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

Amount of Each Disbursement this Period

35.29
-------

Transaction ID : SB17.6272

**[MEMO ITEM]****C. JOHNNY'S**

Mailing Address 1558 HOOKSETT RD

City HOOKSETT State NH Zip Code 03106

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

Amount of Each Disbursement this Period

9.70
------

Transaction ID : SB17.6282

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. LOWES**

Mailing Address 143 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement  
9/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

12.04
-------

Transaction ID : SB17.6291

**[MEMO ITEM]****B. MAJORITY STRATEGIES**Mailing Address 135 PROFESSIONAL DRIVE  
SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

13216.45
----------

Transaction ID : SB17.6263

**C. MAJORITY STRATEGIES**Mailing Address 135 PROFESSIONAL DRIVE  
SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

18383.64
----------

Transaction ID : SB17.6264

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31600.09

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MANCHESTER MART & GAS**

Mailing Address 738 HOOKSETT RD

City	State	Zip Code
MANCHESTER	NH	03104

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

21.73
-------

Transaction ID : SB17.6284

**[MEMO ITEM]****B. MICROSOFT OFFICE**

Mailing Address ONE CAMBRIDGE CENTER

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

9.99
------

Transaction ID : SB17.6274

**[MEMO ITEM]****C. MICROSOFT OFFICE**

Mailing Address ONE CAMBRIDGE CENTER

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement  
9/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

9.99
------

Transaction ID : SB17.6287

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TREVOR NAGLIERI**

Mailing Address 11 SANDRA ROAD

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6261

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

Amount of Each Disbursement this Period

435.01
--------

Transaction ID : SB17.6265

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

173.61
--------

Transaction ID : SB17.6266

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1608.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SPECTRUM MARKETING**

Mailing Address 95 EDDY RD

City	State	Zip Code
MANCHESTER	NH	03102

Purpose of Disbursement  
9/22/14 AMEX PAYMENT: MARKETING CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

455.00
--------

Transaction ID : SB17.6288

**[MEMO ITEM]****B. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

6.29
------

Transaction ID : SB17.6285

**[MEMO ITEM]****C. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE  
SUITE 400

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

81947.91
----------

Transaction ID : SB17.6267

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

81947.91



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE  
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	29	2014

Amount of Each Disbursement this Period

55250.00
----------

Transaction ID : SB17.6268

**B. TARGET**

Mailing Address 600 AMHERST ST

City NASHUA State NH Zip Code 03063

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

Amount of Each Disbursement this Period

30.02
-------

Transaction ID : SB17.6270

[MEMO ITEM]

**C. TARGET**

Mailing Address 600 AMHERST ST

City NASHUA State NH Zip Code 03063

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

Amount of Each Disbursement this Period

18.78
-------

Transaction ID : SB17.6276

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

55250.00
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

5.60
------

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.6277

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

19.99
-------

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.6286

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. VISTA PRINT**

Mailing Address 95 HAYDEN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
LEXINGTON	MA	02421

Amount of Each Disbursement this Period

31.99
-------

Purpose of Disbursement  
8/26/14 AMEX PAYMENT: OFFICE SUPPLIESCategory/  
Type

Transaction ID : SB17.6275

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
197275.89

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 27 OF 28

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6236

**LAMBERT FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**GARY LAMBERT**☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

32 COLUMBIA AVENUE

City

State

ZIP Code

NASHUA

NH

03064

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 19 / 2014

Date Due

M M / D D / Y Y Y Y  
/ / 12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 28 OF 28

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6247

**LAMBERT FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

**GARY LAMBERT**☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

32 COLUMBIA AVENUE

City

State

ZIP Code

NASHUA

NH

03064

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 29 / 2014

Date Due

M M / D D / Y Y Y Y  
/ / 12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.